

**APPLICATION FORM FOR BOOKING OF ROOMS IN THE iCED HOSTEL AT  
KANT KALWAR, JAIPUR**

(To be sent to iCED by e-mail/fax/post)

1. Applicant's name.....Designation.....
2. Name of the Office.....
3. Office Address.....Mob. No.....
4. Resl. Address.....email.....
5. Period of booking: from.....(.....AM/PM)  
To.....(.....AM/PM)
6. Purpose of Visit: Official Visit/Private Visit
7. No. of Visitors: Self/Department Family Members/Guest (Total  
Adult.....No.....and Children.....No.)
8. No. of Rooms Required: \_\_\_\_\_
9. Visitors' Name and Relationship:.....
10. Mode of payment: Cash/Cheque/D.D  
(Cheque/D.D in favour of O/o the D.G iced, Jaipur)

**DECLARATION BY THE APPLICANT**

I certify that the information given above is correct and nothing is concealed. I shall abide by the prescribed rules/orders/terms and conditions for the stay in the iCED hostel.

Date:.....

Place: .....

Signature of the applicant

(Contd.)

## Verification by the Administrative Head of the Office of the Applicant

It is certified that Shri/Smt/Ms.....Designation.....is required to be at Jaipur from.....to.....On official/private/transfer duties.

Name.....

Designation.....

Seal of the Office.....